# Hospital Bioterrorism Preparedness Program
# FY 03
# Work Plan Timelines

| Priority Area or Critical Benchmark | Activity | Milestone | Due Date |
|---|---|---|---|
| PA-1<br>CB 1 | Develop and maintain a financial accounting system capable of tracking expenditures by priority area, by critical benchmark, and by funds allocated to hospitals and other health care entities. | Assign budgetary coding to the HRSA grant/CDC Focus Areas as required for tracking and incorporate into chart of accounts in DOH financial accounting system. | 8/31/2003 |
| PA-2<br>CB 1-2 | Establish a system that allows the triage, treatment, and disposition of 500 adult and pediatric patients per 1,000,000 population (or no fewer than 500 patients per awardee jurisdiction), with acute illness or trauma requiring hospitalization from a biological, chemical, radiological, or explosive terrorist incident. | 1. Public health region contact with hospitals to upgrade regional hospital plan section of regional public health plans.<br>2. Hospitals increase response capacity through equipment purchases/training program implementation, per FY 02 hospital assessments.<br>3. Capacity expansion activities focus on biological preparedness and response in particular and all-hazards preparedness and response in general.<br>4. Inclusion of organizations such as the Red Cross, local schools, churches, armories, etc., to assist in increased surge capacity development.<br>5. Coordinate preparedness and response assessment and planning activities with community and migrant health centers, tribal clinics, EMS services, and hospitals. | 1. 8/30/04<br>2. 8/30/04<br>3. 8/30/04<br>4. 8/30/04<br>5. 12/30/03<br>6. 12/30/04<br>7. 8/30/05<br>8. 12/30/04<br>9. 6/30/04<br>10. 6/30/04<br>11. 6/30/05 |

| | | | |
|---|---|---|---|
| | | 6. Develop and distribute MOUs/MOAs to foster inter-jurisdictional cooperation.<br>7. Develop cooperative agreements with neighboring states and Canada.<br>8. Determine statewide parameters of urban, rural, and frontier issues in responding to a public health emergency involving a terrorist attack.<br>9. Identify needs regarding rural to urban patient flow through coordination with hospital, community and tribal clinic, military and veterans facilities, and LHJ response activities.<br>10. Develop response activities to address special needs populations such as children, elderly, physically and mentally handicapped, hearing and visually impaired, pregnant women, and other patients with special health care needs.<br>11. Address increased morgue capacities and human remains decontamination within each region through equipment purchases and response planning. | |
| PA-2<br>CB 2-2 | Upgrade/maintain airborne infectious disease isolation capacity to have at least one negative pressure, HEPA filtered isolation facility per awardee, to be placed in accord with the findings of the awardee's needs assessments. Such facilities must be able to support the initial evaluations and treatment of 10 adult and pediatric patients at a time having a clinical contagious syndrome suggestive of smallpox, plague, or hemorrhagic fever, prior to movement to a definitive isolation facility. | 1. Hospital needs assessment analyses will determine the number of current fixed and mobile isolation unit capabilities.<br>2. Hospital needs assessment analyses will assist the efforts to determine appropriate equipment types and locations for capital improvements. | 1.12/30/03<br>2. 3/30/04<br>3.– 6.:<br><br>For FY 03, 30 hospitals (8/30/04)<br><br>For FY 04, 30 hospitals (8/30/05) |

| | | | |
|---|---|---|---|
| | | 3. Hospitals will upgrade filtration capabilities by purchasing appropriate equipment.<br>4. Hospitals will upgrade filtration capabilities by making appropriate facility physical improvements.<br>5. Hospitals will increase patient isolation capacity by making fixed negative pressure isolation improvements.<br>6. Hospitals will increase patient isolation capacity by purchasing portable negative pressure isolation equipment. | For FY 05, 30 hospitals (8/30/06) |
| PA-2<br>CB 2-3 | Establish a response system that allows the immediate deployment of 250 or more additional patient care personnel per 1,000,000 population in urban areas, and 125 or more additional patient care personnel per 1,000,000 of population in rural areas, that would meaningfully increase hospital patient care surge capacity. | **1.** Define information content for the system including types of clinicians and the relative proportion of each type relative the target total number for the region to be included.<br>**2.** Using basic provider contact information from the system, identify volunteers and add additional specialty and provider contact information to the system.<br>**3.** Develop agreements between planning regions for mutual support if emergency need exceeds number of clinician volunteers available within the region.<br>**4.** Test system in context of planning summer 2004 emergency exercise.<br>**5.** Identify and initiate system changes determined to be needed as a result of the exercise. | **1.** System design work completed. 3/30/05<br>**2.** Volunteer data input by LHJs completed, 12/30/04.<br>**3.** Mutual support agreements between regions signed, 8/30/04.<br>**4. – 5.** System evaluated and improvements implemented following statewide emergency exercise, 10/30/05. |
| PA-2 | Develop a system that allows the credentialing and supervision | **1.** Modify as necessary the state | **1.** 12/2003. |

| | | | |
|---|---|---|---|
| CB 2-4 | of clinicians not normally working in facilities responding to a terrorist incident. | authorized emergency volunteer identification system to accommodate clinicians responding to emergencies.<br>**2.** Assess capacity of volunteer clinicians liability system and develop a work plan as needed,<br>**3.** Discussion with third party payers including Medicaid to assess payment and reimbursement issues.<br>**4.** Operating procedures explaining the system completed. | **2.** 3/2004.<br>**3.** 8/2004<br>**4.** 12/2004. |
| PA-2<br>CB 2-5 | Establish local or regional systems whereby pharmacies based in hospitals or otherwise participating in the local or regional health care response plan have surge capacity to provide pertinent pharmaceuticals in response to bioterrorism or other public health emergencies. | **1.** Quarterly planning meetings/workshops to determine surge capacity requirements for pharmacies, beginning early 04.<br><br>**2.** Plan developed and implementated to achieve determined pharmaceutical capacity. | **1.** 3/04, 6/04, and 9/04.<br>**2.** 12/30/04. |
| PA-2<br>CB 2-6 | Ensure adequate personal protective equipment (PPE) to protect 250 or more health care personnel per 1,000,000 population in urban areas, and 125 or more health care personnel per 1,000,000 population in rural areas, during a biological, chemical, or radiological incident. ***AND*** | **1. Phase I-2002** (23 hospitals received 8 sets PPE from HRSA; the same 23 hospitals received decon systems from EMD grant).<br>**2. Phase II-2003** (23 hospitals | **1.** Completed<br>**2.** 8/31/04<br>**3.** 8/31/05<br>**4.** 8/31/06 |

| | | | |
|---|---|---|---|
| PA-2<br>CB 2-7 | Ensure that adequate portable or fixed decontamination systems exist for managing 500 adult and pediatric patients and health care workers per 1,000,000 population, who have been exposed to biological, chemical, or radiological agents. | receive PPE from EMD grant; 23 hospitals receive decon systems and supplementary PPE from HRSA grant).<br>**3. Phase IV-2004** (23 hospitals receive PPE from EMD grant; 23 hospitals receive decon systems from HRSA grant).<br>**4. Phase V-2005** (23 hospitals receive PPE from EMD grant; 23 hospitals receive decon systems from HRSA grant.) | |
| PA-2<br>CB 2-8 | Establish a system that provides for a graded range of acute psychosocial interventions and longer-term mental health services to 5,000 adult and pediatric clients and health care workers per 1,000,000 population exposed to a biological, chemical, radiological or explosive terrorist incident. | 1. Regional and local disaster plans developed with specific protocols for medical and logistical management of bioterrorism victims who are within one or more of the populations cited<br>**2.** Supplies of pharmaceuticals (antibiotics, antidotes and vaccines in dosages appropriate for children, the elderly, pregnant women, individuals with disabilities) in appropriate amounts are secured per plan.<br>**3.** Pediatric health care facilities (children's hospitals, pediatricians' offices, pediatric ER, public health clinics) included in all aspects of preparation.<br>**4.** Use maternal and child health phone lines, Poison Control Centers and other public health information resources utilized in local and regional planning efforts. (In collaboration with DOH, the state PCC will be used as central clearinghouses for information on | **1.** 8/30/05<br>**2.** 12/30/04<br>**3.** 8/30/04<br>**4.** 6/30/2004<br>**5.** 8/30/04<br>**6.** 8/30/2004<br>**7.** 8/30/2004 |

| | | | |
|---|---|---|---|
| | | toxicology, antidotes and treatment, and decontamination procedures).<br>**5.** Obstetricians, pediatricians and others skilled at evaluating and treating pregnant women and children included as state, regional and local disaster team members.<br>**6.** Agreement with Office of the Superintendent of Public Instruction to prepare schools, childcare centers and after-school programs to assess children and develop response plans in an emergency situation.<br>**7.** Evaluate and update the protocols re: dosages and interaction of pharmaceuticals for special populations.<br><br>(Also, please see Cross-Cutting Activities F, Populations with Special Needs.) | |
| PA-2<br>CB 2-10 | Establish a secure and redundant communications system that ensures connectivity during a terrorist incident between health care facilities and state and local health departments. | **1a.** In conjunction with CB 7 and 9 develop policies for roles and responsibilities of duty officers for each key stakeholder.<br>**1b.** Develop a communication plan for development and implementation of 24/7 emergency alerting capacity in all local and state health agencies, hospital emergency departments and emergency management agencies.<br>**1c.** For each key stakeholder organization (each local health agency, hospital emergency department, state health department, and emergency | **1a.** Policy developed based on definition of 24/7 response in CB7, 12/03.<br>**1b.** Communication plan developed for 24/7 implementations of emergency alerting system, 6/04.<br>**1c.** Duty officer role is established in each key stakeholders organization and initial group of duty officers are trained, 12/2003.<br>**1d.** Equipment necessary |

| | | | |
|---|---|---|---|
| | | management agency) establish 24/7 duty officer role, define a roster of individuals responsible for carrying out that role, and provide training as necessary in conjunction with Focus Area G.<br>**1e.** Establish a process in each key stakeholder organization for maintaining the duty officer role and for disseminating agency contact information to other key stakeholders.<br>**1f.** Proceed with implementation of WA State Electronic Communications and Urgent Response System (WA-SECURES), to allow automated voice and e-mail communications with key stakeholders (initially local health departments, then hospital emergency departments and emergency management agencies).<br>**2a.** Continue current program of assessing redundant communication needs for hospitals and local health agencies.<br>**2b.** Identify gaps in redundant communication needs and provide necessary technology to fill those gaps.<br>**2c.** Continue with implementation of the hospital communications technology plan.<br>**3a.** Define the types of alerts that are routinely generated and identify the following items:<br>-- Type of message<br>-- Current delivery format | for duty officer role distributed to key stakeholders, 1/2004.<br>**1e.** Process established for maintaining duty officer role and disseminating contact information, 1/2004.<br>**1f.** WA-SECURES is implemented in local health agencies, 1/2004. WA-SECURES in implemented in hospitals and with emergency management agencies, 8/2004.<br>**2a, b, c.** Redundant communications devices R.C.W. 42.17.301 (1)(ww) are distributed to key stakeholders, 8/2004.<br>**3a.** Types of alerts are defined, 9/2003.<br>**3b.** Alerting mechanisms for Internet-based information systems are identified, 10/2003.<br>**3c.** Existing Internet-based information systems are identified, 10/2003.<br>**3d.** Internet-based information dissemination organizations are engaged to post alerts, 12/2003. |

| | | | |
|---|---|---|---|
| | | -- Alert level (1 – immediate, 2 – prompt, 3 – next business day)<br>-- Message confirmation required<br>-- Amount of information being delivered, pamphlet, one page, book, e-mail<br>**3b.** Define standard alerting mechanisms for Internet-based systems<br>-- What types of information should be disseminated via Internet-based systems?<br>-- What limitations on access should there be to this information?<br>-- What processes should be used for posting this information on Internet sites.<br>**3c.** Review current public health, emergency response and healthcare-related Internet sites, and identify appropriate sites for dissemination of alerts and other information to key stakeholders. Decisions on appropriate sites to include consideration of:<br>-- Type of system<br>-- System manager<br>-- Access/security level (1-confidential, 2 – sensitive information, 3 – general release)<br>-- Support plan for 24/7 coverage/maintenance of web site<br>-- Use of web site by target stakeholder audience<br>**3d.** Engage existing organizations that provide Internet-based information to key stakeholders in agreements to post alerts as | |

| | | | |
|---|---|---|---|
| | | necessary, following defined alerting mechanisms (i.e., Harborview Medical Center Hospital Website, RAMSES R.C.W.42.17.310)(ww), others as appropriate). | |
| PA-3<br>CB 3 | Develop a mutual aid plan for upgrading and deploying EMS units in jurisdictions they do not normally cover, in response to a mass casualty incident due to terrorism. This plan must ensure the capability of providing EMS coverage for at lease 500 adult and pediatric patients per 1,000,000 population per day. | **1.** Complete work plan to utilize the information contained in the Progress Report.<br>**2.** Complete survey by EMS/TC regional councils to identify current agencies participating in such a mutual aid response system.<br>**3.** Determine provision of the following training. identified in the assessments to ensure coordinated EMS/TC system response in each region<br>a. Emergency Response to Terrorism<br>b. Terrorism Awareness for Emergency Responders (Internet)<br>**4.** Information identified in the assessments is utilized to ensure coordinated EMS/TC response in each region by procuring specialized emergency EMS/TC system response in each region by including the following terrorism incident prevention and operational equipment in HRSA and non-HRSA grants available for such purposes.<br>a. Personal Protective Equipment (PPE)<br>b. CBRNE Search & Rescue Equipment | 1.&2. 8/30/2004.<br><br>3. 3/30/2004.<br><br>4. 6/1/2004.<br><br>5.Draft agreement by 6/30/2004, finalized agreement by 8/30/04.<br><br>6. 8/31/2004. |

| | | | |
|---|---|---|---|
| | | c. Interoperable Communications Equipment<br>d. Decontamination Equipment (interoperable)<br>e. Medical Supplies<br>f. Limited Types of Pharmaceuticals<br>**5.** Develop a mutual aid agreement developed in each region to ensure adequate system response coverage across regions.<br>**6.** Conduct regional bioterrorism disaster exercises to test the mutual aid plan in each Region, in coordination with other ongoing public health and hospital preparedness exercises. | |
| PA-4<br>CB 4-1 | A regional hospital laboratory program may be implemented, that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services responding to terrorism and other public health emergencies. | **1a.** Continuation of year 1 training program to teach hospital laboratories to "Rule out or Refer" possible bioterrorism-related clinical specimens.<br>**1b.** Provide funding to support expenses associated with bioterrorism-related (biological, chemical and radiological) training. This includes training available at the PHL.<br>**1c.** Provide funding to hospitals in support of expenses associated with hospital proficiency testing for bioterrorism.<br>**1d.** Continue with year 1 plans to establish lines of communication with hospital laboratories and local veterinary hospitals/laboratories through site visits and regional meetings, broadcast faxes, | **1a-g.** Ongoing<br>**1h.** 12/2003<br>**1i.** 8/2004<br>**1j.** 1/2004<br>**2a.** Ongoing<br>**2b.** 12/2003<br>**3a-b.** Ongoing<br>**3c.** 8/2004<br>**3d.** 12/2003<br>**4a.** 12/2003<br>**4b.** 12/2003<br>**4c.** 10/2003<br>**4d.** Ongoing<br>**5a-c.** Ongoing<br>**6a.** 8/2004<br>**6b-d.** 12/2003<br>**6e.** 11/2003<br>**7a.** 8/2004<br>**8a.** Ongoing<br>**8b.** 12/2003<br>**8c.** 8/2004 |

| | | | |
|---|---|---|---|
| | | newsletters and internet sites.<br>**1e.** Continue with year 1 plans to develop and maintain point-of-contact information with hospital laboratories.<br>**1f.** Continue year 1 plan to provide guidance for safe laboratory practices, quality control, and quality assurance, and the adequacy of staffing and training in hospital laboratories.<br>**1g.** Continue year 1 plan to train hospital laboratories on the appropriate referral of test specimens by conducting workshops and educations seminars.<br>**1h.** Continue with year 1 plans to assist in providing advanced diagnostic capabilities for agents of bioterrorism to select hospital laboratories (i.e., UW diagnosis of smallpox using EM digital imaging)<br>**1i.** Provide funding to support expenses associated with completion of PHL survey of analytical laboratories (Link with CC8).<br>**1j.** Provide funding to purchase Class II biological safety cabinets to hospitals where needed.<br>**2a.** Collaboration with Laboratory Quality Assurance (LQA) in maintaining list (database).<br>**2b.** Ensure list (database) is complete and that it contains all necessary fields.<br>**3a.** Continue year 1 plan for | **9a-h.** Ongoing |

| | | | |
|---|---|---|---|
| | | expansion of the training of hospital and Level B laboratories for handling forensic specimens using chain of custody.<br>**3b.** Continuation year 1 plan of training program to teach hospital laboratories to safely transport clinical specimens using current DOT and IATA regulations.<br>**3c.** Continue to develop year 1 plan to participate in simulation exercises set up with first responders, hospital laboratories, other LRN laboratories and the state EOC.<br>**3d.** Develop and distribute reference materials to be used by hospitals and Level B laboratories.<br>**4a.** Continue with year 1 plan for maintenance and upgrade of database of hospital and Level B laboratories to monitor roles, responsibilities and capacities.<br>**4b.** Continue year 1 plan to develop in-depth wet workshops for hospital laboratories.<br>**4c.** Include ability to refer to BSL-4 federal laboratory facilities at CDC and USAMRIID.<br>**4d.** Maintain documentation that LRN trained hospital laboratories are willing to participate in the testing of clinical specimens associated with bioterrorism.<br>**5a.** Continue year 1 plan for hospitals to acquire equipment to communicate more effectively with hospital laboratories and other LRN members. | |

| | | | |
|---|---|---|---|
| | | **5b.** Collaborate with LQA to expand and maintain the PHL hospital laboratory database to include current e-mail, phone and fax numbers of hospital laboratories (document that faxes are in a secure location in hospital laboratories).<br>**5c.** Ensure that the PHL database of hospital laboratories keeps and maintains the name of a 24/7 contact at the hospital laboratory (Supervisor/Director).<br>**6a.** Continuation of year 1 plans for development of surge capacity to include other state public health labs and Level B support within the state. The proposal includes training of hospital laboratories in the implementation of surge capacity plans.<br>**6b.** Expand year 1 plan for coordination of the process for referral of blood and urine specimens to CDC, or to a CDC supported laboratory, for analysis of chemical agents. Protocols will be consistent with CDC procedures.<br>**6c.** Expand year 1 plans to coordinate with the Clinical Laboratory Advisory Council (CLAD) in the development of guidelines for managing bioterrorism events.<br>**6d.** Work with CLAD to establish a bioterrorism committee that can be used to address questions and concerns among the laboratory | |

| | | | |
|---|---|---|---|
| | | community.<br>**6e.** Provide funding to hospital laboratories for purchase of sample shipping containers that meet current standards (i.e., DOT and IATA).<br>**7a.** Complete year 1 plan for acquisition of a satellite downlink for WAPHL (Link to Focus Area G).<br>**8a.** Continue year 1 plan to public *Elaborations* as a means of updating the laboratory community on BT issues.<br>**8b.** As a follow-up to year 1 plans update and distribute a list of professional organizations and other laboratory groups in WA State for distributing among hospital laboratories and other LRN members.<br>**8c.** Continue year 1 plan to bring together hospital laboratory practitioners, university laboratories and infectious disease physicians, as well as state and local public health laboratory practitioners in the design and execution of studies to assess and improve LRN laboratories.<br>**9a.** Allow ordering of tests using a web-based interface.<br>**9b.** Allow hospitals to query the PHL LIMS for test results through a secure access.<br>**9c.** Allow electronic reporting of test results by the PHL.<br>**9d.** Allow hospitals to order test kits from the PHL using a web- | |

| | | | |
|---|---|---|---|
| | | based interface.<br>**9e.** Allow for billing for laboratory services when appropriate.<br>**9f.** Allow hospitals to request/sign-up for training on-line.<br>**9g.** Allow rapid and efficient mutual assistance (surge capacity) between reference laboratories.<br>**9h.** Ensure PHL LIMS development includes adherence to national standards (e.g., LOINC). | |
| PA-4<br>CB 4-2 | Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism to their associated local and state health departments on a 24/7 basis. | **1.** Identify current hospital staff to serve as a surveillance liaison with local public health jurisdiction concerning notifiable condition reporting and other surveillance activities; including provision of centralized e-mail for dissemination of important public health alerts.<br>**2.** Develop policies and procedures for reporting notifiable conditions, particularly immediately notifiable conditions and syndromes or clusters that may indicate bioterrorism.<br>**3.** Ensure inclusion of expectations for making progress toward WA State capability to generate electronic messages in standard format as part of HBPPcontract with hospitals.<br>**4a.** Identify a Local Public Health Region interested in developing a pilot web-based, secure reporting system for health care providers.<br>**4b.** Develop a model for | **1.** Hospital surveillance liaison identified and contact information including e-mail provided to LHJ in at least 50% of hospitals in each region – due date varies by jurisdiction.<br>**2.** Policies and procedures documented in hospitals in each region – due date varies by jurisdiction.<br>**3.** Write HBPP contracts with inclusion of language regarding IT standards by 8/30/2003.<br>**4a.** Local Public Health Region identified to develop pilot web based reporting system by 8/31/2003.<br>**4b.** Security Model Developed by 1/30/2004.<br>**4c.** Web based reporting system template |

| | | | |
|---|---|---|---|
| | | authenticating providers and collecting notifiable and syndromic disease reports electronically.<br>**4c.** Develop a secure web site to host content describing notifiable conditions and reporting criteria, (e.g., what conditions are reportable, whom to report to, when to report, what to report, what specimens to submit, who to submit specimens to, etc.)<br>**4d.** Develop a strategy for maintaining access control and password information for providers to allow them to submit disease reports electronically.<br>**4e.** Develop the ability to receive reports of notifiable conditions electronically via web-based reporting.<br>**4f.** Evaluate the usefulness of the web-based system for receiving notifiable condition and syndromic reports.<br>**5a.** Obtain data on a daily basis from WA State Poison Control Center (via TransAct WA State)<br>**5b.** Explore utility of the WA State Poison Control Center for syndromic surveillance. | developed by 12/1/2003.<br>**4d.** Strategy for maintaining provider access developed by 12/1/2003.<br>**4e.** Application developed, piloted and training provided by 6/1/2004.<br>**4f.** System evaluated by 8/30/2004.<br>**5a.** Data from Washington State Poison Control Center shared with DOH CD Epidemiology when available.<br>**5b.** Washington State Poison Control Center examined for utility in syndromic surveillance initiated by 1/30/2004. |
| PA-6<br>CB 6 | As part of a written evaluation of the awardee's program, conduct at least one bioterrorism disaster exercise in the jurisdiction in the FY 2003 that covers a large-scale epidemic scenario affecting both adults and children. | **1.** Each local health jurisdiction will conduct a tabletop or functional exercise of their plan during the grant period. Exercise results will be used to validate and update each plan.<br>**2.** Each regional health jurisdiction will conduct a tabletop | **1.** Varies by jurisdiction. 8/30/04<br>**2.** Varies by jurisdiction. 8/30/04<br>**3.** Statewide exercise to be conducted by 8/2004. |

| | | | |
|---|---|---|---|
| | | or functional exercise of their plan during the grant period. Exercise results will be used to validate and update each regional plan.<br>**3.** A full-scale bioterrorism exercise will be conducted involving State, regional, and local public health organizations and hospitals to validate our plans and determine our level of preparedness. The federal government, affected Indian tribes, and as appropriate neighboring states and Canada will be invited to participate. The exercise scenario will include deployment of the Strategic National Stockpile. | |